
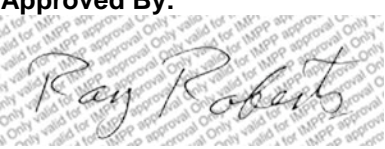


# KANSAS DEPARTMENT OF CORRECTIONS

	<b>INTERNAL MANAGEMENT POLICY AND PROCEDURE</b>	<b>SECTION NUMBER</b>  <b>02-110</b>	<b>PAGE NUMBER</b>  <b>1 of 9</b>
		<b>SUBJECT:</b>  <b>HUMAN RESOURCES: Use of Alcohol, Illegal Drugs and/or Controlled Substances by Employees, Contract Personnel, and Volunteers</b>	
<b>Approved By:</b>  <b>Secretary of Corrections</b>		<b>Original Date Issued:</b>	<b>02-01-91</b>
		<b>Current Amendment Effective:</b>	<b>04-01-13</b>
		<b>Replaces Amendment Issued:</b>	<b>02-23-07</b>

## POLICY

In order to preserve Department security and to protect the personal safety of fellow employees, volunteers, offenders, and the general public, employees and contract personnel shall not be permitted to perform their duties or enter upon the premises of departmental facilities or offices while under the influence of alcohol, the illegal use of drugs, and/or controlled substances. (ACO 2-1C-20; ACI 3-4061; APPFS 3-3060)

## DEFINITIONS

**Alcohol:** The intoxicating agent in beverage alcohol, ethyl alcohol, or other low molecular weight alcohols, including methyl or isopropyl alcohol.

**Alcohol concentration:** The alcohol in a volume of breath expressed in terms of grams of alcohol per 210 liters of breath, as indicated by a breath test.

**Alcohol use:** The consumption of any beverage, preparation, or mixture, including any medication, containing alcohol.

**Appointing authority:** The person designated pursuant to IMPP 02-109 for each respective division or facility of the department.

**Commercial Driver (CD) position:** Any position that is subject to the State of Kansas Alcohol and Controlled Substance Testing Program for Commercial Drivers, established under the Federal Omnibus Transportation Employees Testing Act of 1991. This includes any position performing duties, which involve the operation of a motor vehicle with a gross weight of over 26,000 pounds or designed to carry 16 or more passengers, including the driver.

**Controlled substances:** Marijuana/cannabinoids (THC), cocaine metabolites, opiates, phencyclidine (PCP), amphetamines/methamphetamine.

**Contract personnel:** Any person employed by an entity under contract to provide services to the Kansas Department of Corrections.

**Designee:** For the purposes of this IMPP, any person approved by the Department of Administration's Division of Personnel Services and the Department of Corrections' Central Office Human Resources Division to receive the results of employees' drug or alcohol tests.

**Director:** Director of Division of Personnel Services, Department of Administration. When the term "Director" is used in this IMPP, it means the Director himself or herself or designee.

**Employee:** For the purposes of this policy, any person employed full-time or part-time by the Kansas Department of Corrections. The term shall not include any personnel employed by an entity under contract to provide services to the Kansas Department of Corrections.

Governor's Trainee: A person employed under the provisions of the Governor's Trainee Program as defined by K.A.R. 1-6-31. Such program is intended to attract and provide career development opportunities for persons in certain protected group classes that are determined to be underutilized in a civil service class series or EEO job category within the agency.

Reasonable suspicion: A subjective suspicion supported by objective, articulable facts that would lead an experienced and prudent person to suspect that an individual has consumed alcohol and/or illegal drugs.

Safety-sensitive position: All state law enforcement officers who are authorized to carry firearms, and special enforcement parole officers, corrections officers, and any other employee required to obtain and retain firearms certification as a condition of employment with the Department, and all other designated positions included in the State's drug screen program by statute or regulation, including the Secretary of Corrections, all parole officer positions, and all state employees with regular access to secure facilities of a correctional institution.

State plan: State of Kansas Alcohol and Controlled Substance Testing Program for Commercial Drivers.

Substance abuse professional: A licensed physician, or a licensed or certified psychologist, social worker, employee assistance professional, or addiction counselor certified by the National Association of Alcoholism and Drug Abuse Counselors Certification Commission with knowledge of and clinical experience in the diagnosis and treatment of alcohol and controlled substance related disorders.

Volunteer: Any person who works at a facility or for the KDOC on a voluntary basis (including interns), who has completed the minimum required volunteer training program.

## **PROCEDURE**

### **I. Use or Suspicion of Use of Alcohol or Illegal Drugs by Employees and Contract Personnel**

- A. No employee or contract personnel shall enter into or upon the grounds of a facility, office, or departmental premises who appears to be or is under the influence of alcohol or illegal drugs.
  - 1. The determination of the appearance of an employee, contract personnel, or volunteer being under the influence of alcohol or illegal drugs shall be made following the observation and reporting of suspicion/concern regarding the employee or volunteer by at least two (2) other staff persons.
  - 2. No employee, contract personnel, or volunteer shall report for duty, enter upon the Department's property, or represent the Department in any official capacity within six (6) hours of consuming alcohol or at any time with the odor of alcohol on his or her breath.
- B. Employees, contract personnel, and volunteers shall report to their immediate supervisors the name of any employee, contract personnel, or volunteer who reports for duty or enters upon the grounds of a facility, office, or other departmental premises, whether on duty or off duty, who is suspected of being under the influence of alcohol or the illegal use of a controlled substance.
  - 1. All such reports shall be advanced through established lines of authority within the employee's, contract personnel's, or volunteer's work facility/office.
    - a. In the event of an evening or weekend, the Facility Duty Officer shall be notified.
  - 2. Employees and/or contract personnel who have knowledge or a reasonable suspicion of another persons use or abuse of alcohol or the illegal use of a controlled substance which may affect that persons ability to perform assigned

duties or which may affect the safety or security of the facility, staff, volunteers, or inmates shall be required to report such knowledge or suspicion.

3. Failure by an employee to report such knowledge or reasonable suspicion to the immediate supervisor or the facility duty officer shall be cause for disciplinary action.
  - a. Failure of contract personnel or a volunteer to report such knowledge or reasonable suspicion to the immediate supervisor or the facility duty officer may result in that person being temporarily or permanently barred from departmental premises.

**II. Screening of Candidates for Safety-Sensitive Positions and certain contract personnel (ACO 2-1C-20; ACI 3-4061; APPFS 3-3060)**

- A. All candidates selected for hire into safety-sensitive positions, excluding those transferring, promoting, or demoting from other safety-sensitive positions within KDOC or another State of Kansas agency, shall undergo pre-employment screening for the use of controlled substances.
  1. The offer of employment in a safety-sensitive position is conditioned upon the candidate receiving a negative result on a controlled substances test. Positive test results shall result in the conditional offer of employment being withdrawn.
  2. All screening for controlled substances shall be in accordance with the provisions of K.A.R. 1-9-19(a).
- B. All contract personnel selected by contractors for placements entailing regular access to departmental facilities, excluding those transferring, promoting, or demoting from similar positions, shall undergo pre-placement screening for the use of controlled substances.

**III. Reasonable Suspicion Screening for the Illegal Use of a Controlled Substance by Persons in Designated Positions (See Attachment K, Form # 02-110-002) (AC2C-20; ACI 3-4061; APPFS 3-3060)**

- A. All persons employed in designated positions, as defined by K.S.A. 2011 Supp. 21-5914, are subject to screening for the illegal use of controlled substances based upon reasonable suspicion of such use (as defined in K.A.R. 1-9-19a.(1)) by that employee. When reasonable suspicion exists:
  1. The employee shall be informed in writing that submitting to a drug screening is a condition of continued employment.
    - a. The written notice shall contain information specific to the basis for the reasonable suspicion, methods of drug screening which may be used, substances which may be identified, confidentiality of individual test results, and consequences of refusing or otherwise failing to submit to the drug screen or to sign consent forms.
  2. The human resources office of the employing facility or office shall schedule a drug screening appointment with an approved drug screen program collection site within twenty-four (24) hours of the suspected actions or of the discussion with the employee, give the employee verbal and written notice of the time and location of the test, provide the employee a State of Kansas Collection Site Passport (Attachment K), and request the employee to sign and date a Consent and Acknowledgment Form (Sample DA 412, Attachment A). If reasonable suspicion exists that the employee is currently under the influence of a controlled substance:
    - a. He or she shall be directed to remain in a designated safe location within the office or facility and not allowed to participate in any work activity until transportation to his or her home or to the testing site can be arranged;

- b. The employee shall be given a direct order prohibiting him or her from operating a motor vehicle to leave the site;
  - c. If the person attempts or indicates an intention to operate a vehicle, the appointing authority or designee shall notify the local law enforcement authorities and shall advise the person of the notification;
  - d. The employee shall not be allowed to return to duty until the agency receives the drug screening results.
- 3. Refusing or otherwise deliberately failing to participate in the drug screen process shall subject the employee to formal disciplinary action.
  - 4. If the employee's drug screen is a confirmed positive for the illegal use of a controlled substance and it is the employee's first confirmed positive, the employee shall be required to contact the Employee Assistance Program (Lifeline) within twenty-four (24) hours and shall be required to participate in, and successfully complete, a course of treatment prescribed by the Lifeline or a designee.

OR

A confirmed positive result shall be cause for proposing dismissal if the employee is on temporary status, on an original probationary period, or has previously had a confirmed positive drug screen for the illegal use of a controlled substance,

- a. No other disciplinary action may be taken against the employee as a direct consequence of receiving a confirmed positive result. However, nothing in this policy prohibits the employee from being subject to disciplinary action for inappropriate or illegal acts performed while under the influence of the illegal use of a controlled substance.
- 5. If the employee's drug screen is negative for the illegal use of a controlled substance, the human resources manager shall notify the employee that she or he shall immediately return to duty at his or her regular work schedule.
- B. Screening of employees in positions covered by Federal Commercial Driver's License requirements shall be conducted in accordance with IMPP 02-127.

**IV. Reasonable Suspicion Screening of Persons in Designated Positions - Being Under the Influence of Alcohol while on Duty or while Representing the Department in an Official Capacity**

- A. Testing for alcohol impairment and any resulting assessment, treatment, and discipline of persons employed in designated positions anywhere in the Department shall be in accordance with the provisions of Sections ~~IV~~ V. and VI. as they relate to employees in non-designated positions.

**V. Reasonable Suspicion testing of Employees In Non-Designated Positions (See Attachment L, Form # 02-110-003) (ACO 2-1C-20; ACI 3-4061; APPFS 3-3060)**

- A. Testing for the illegal use of controlled substances and/or on the job use or influence of alcohol by employees in non-designated positions shall only be conducted on the basis of reasonable suspicion.
  - 1. The appointing authority or designee may demand a urine, blood, saliva, or breath specimen from an employee in a non-designated position for chemical analysis if there is a reasonable suspicion that the employee is under the influence of the illegal use of a controlled substance. The appointing authority or designee may demand a blood or breath specimen from an employee for chemical analysis if there is a

reasonable suspicion that the employee is under the influence of alcohol. Under no circumstances shall urine or saliva specimens be used for testing for the use of alcohol by an employee.

- a. All positive urine tests shall be sent to an independent laboratory as soon as possible for analysis.
- b. All blood specimens shall be drawn by qualified medical personnel.
  - (1) All blood specimens shall be forwarded to an independent laboratory for analysis as soon as possible after the specimen is drawn.
- c. All breath specimen tests for alcohol shall be conducted using test kits approved by the Secretary for use with employees.
  - (1) A confirmation of the breath specimen test results for alcohol through a blood specimen analysis is not necessary.
- d. All positive saliva specimen tests shall be confirmed through the collection of either a urine or blood specimen for the illegal use of a controlled substance, or a blood specimen for alcohol use, which shall be sent to an independent laboratory as soon as possible for analysis.

2. The demand for a urine, blood, saliva, or breath specimen shall be made utilizing an Acknowledgment of Demand for a Urine, Blood, Saliva, or Breath Specimen for Analysis and/or Laboratory Test Results form (Attachment B, Form #02-110-001).

3. The employee may refuse to cooperate with the appointing authority or designee's demands for a urine, blood, saliva, or breath specimen for chemical analysis.

- a. An employee who refuses to produce the required sample shall be denied access to or removed from the departmental premises and shall be subject to disciplinary action for refusal to obey a direct order.

4. Upon an initial positive test result, an employee shall not be allowed upon departmental premises, and shall be removed from his or her employment with pay until the employee's pay status is changed in accordance with the Civil Service Act.

- a. The results of tests conducted by an independent laboratory may be demanded by the appointing authority using the Acknowledgment of Demand for a Urine, Blood, Saliva, or Breath Specimen for Analysis and/or Laboratory Test Results form, Attachment B.
- b. Any disciplinary action relative to a positive result for one or more controlled substances shall be deferred until independent laboratory work is completed and it is determined that the initial positive test has been confirmed.

B. If a Department employee tests positive to a saliva, urine, or breath on-site test:

- 1. He or she shall be directed to remain in a designated safe location within the office or facility and not allowed to participate in any work activity until transportation to his or her home or to a testing site can be arranged;
- 2. The employee shall be given a direct order prohibiting him or her from operating a motor vehicle to leave the site;
- 3. If the person attempts or indicates an intention to operate a vehicle, the appointing authority or designee shall notify the local law enforcement authorities and shall advise the person of the notification;

4. When testing is done due to reasonable suspicion of the illegal use of a controlled substance, the employee shall not be allowed to return to duty until the agency receives the testing results from an independent laboratory.

**VI. Assessment, Treatment, and Discipline of Employees in Non-Designated Positions (ACO 2-1C-20; ACI 3-4061; APPFS 3-3060)**

- A. Upon a confirmed positive test, an employee on original probationary, or temporary status shall be subject to dismissal.
- B. Upon a confirmed positive test, employees with permanent civil service status may be subject to disciplinary action up to and including dismissal. In making this determination, consideration should be given to:
  1. The level of impairment;
  2. Prior positive screens or the equivalent; and,
  3. Participation in and successful completion of a treatment program.
- C. The appointing authority is not precluded from proposing disciplinary action for other circumstances that occurred in addition to the confirmed positive drug/intoxicant screen if those instances are normally considered grounds for discipline.

**VII. Reasonable Suspicion Testing of Contract Personnel Employed Anywhere within the Department of Corrections.**

- A. The appointing authority or designee shall immediately notify the contractor's manager or representative if the appointing authority determines there are grounds for reasonable suspicion that a contract employee is participating in the illegal use of a controlled substance and/or is under the influence of alcohol while on Department property.
  1. Such notice shall advise the contractor:
    - a. Of specific details of the allegations and/or events causing the reasonable suspicion.
    - b. That the contractor shall assume responsibility for the person;
    - c. That the employee shall be immediately escorted from DOC property and will be banned from all DOC property pending the outcome of the drug/or or alcohol test;
    - d. That the contractor is responsible for arranging and paying for any testing done and should follow the contractor's own policy and procedures governing such issues.
      - (1) Under no circumstances shall the Department of Corrections participate in scheduling testing or providing State Drug Program forms;
- B. If the suspected contract employee refuses to voluntarily participate in testing, he or she shall be denied access to and may be permanently barred from all KDOC premises.
- C. Upon a confirmed positive test contract personnel may be permanently barred from KDOC premises. In making this determination, consideration should be given to:
  1. The level of impairment;

2. Prior positive screens or the equivalent; and,
3. Participation in and successful completion of a treatment program.
  - a. At the discretion of the appointing authority, contract personnel may return to work while participating in an approved treatment program.
- D. The appointing authority shall notify the contracting agent by registered mail or personal service of the decision to bar the employee from KDOC premises and/or under what conditions the employee may be allowed to return to work.

#### **VIII. Notification & Records**

- A. The following forms shall be completed and retained in accordance with the State Plan and/or Department policy:
  1. Each candidate for or employee assigned to a designated position anywhere in the Department shall read, sign, and date a copy of the Affirmation of Policy Form (Sample DA 411, Attachment C) when being oriented about the State Plan and prior to any testing for the illegal use of controlled substances being conducted.
- B. Each candidate for or employee assigned to a designated position anywhere in the Department who is asked to submit to testing for the illegal use of controlled substances shall read, sign, and date a Consent and Acknowledgment Form (Sample DA 412, Attachment A).
- C. Each employee assigned to a designated position anywhere in the Department who is required to undergo an assessment and referral for education or treatment shall read, sign, and date a Release of Information Form (Sample Form DA 413, Attachment D).
  1. This form shall be signed by a notary public.
- D. Each candidate for or employee assigned to a designated position anywhere in the Department who requests access to records concerning that individual's tests for the illegal use of controlled substances shall read, sign and date an Access to Records Form (Sample Form DA 414, Attachment D).
  1. This form shall be signed by a notary public.
- E. Each candidate for or employee assigned to a designated position anywhere in the Department who is required to submit to testing for the illegal use of controlled substances shall be notified of the date, time, and location of the testing appointment by the Drug Screening Program Appointment Notice Letter (Sample Form DA 418, Attachment F).
- F. Each candidate for a designated position anywhere in the Department who has been given a conditional offer of employment and whose test results are negative for the illegal use of controlled substances shall be informed that the conditional offer of employment is approved by the Notice to Candidate of Negative Result Form (Sample Form DPS 419, Attachment G).
- G. Each candidate for a designated position anywhere in the Department who has been given a conditional offer of employment and whose test results are positive for the illegal use of controlled substances shall be notified that the conditional offer of employment is rescinded by the Notice to Candidate of Positive Result Form (Sample Form DPS 420, Attachment H).
- H. Each employee assigned to a designated position anywhere in the Department who is tested for the illegal use of controlled substances and who has tested negative shall be informed that an evaluation referral is not required based on the negative result of the test by the Notice to Employee of Negative Result Form (Sample Form DPS 421, Attachment I).

- I. Each employee assigned to a designated position anywhere in the Department who is tested for the illegal use of controlled substance and who has tested positive shall be informed that an evaluation referral is mandatory by the Notice to Employee of Positive Result Form (Sample Form DPS 422, Attachment J).
  - J. Records of employees sent for alcohol and/or controlled substance testing shall be maintained by facility Human Resources offices for facility candidates and employees. Records for employees of Kansas Correctional Industries located at a facility shall be maintained at that facility. Central Office Human Resources Division will retain records for Central Office, Federal Surplus Property, State Surplus Property, and Parole employees.
    - 1. Records of testing and subsequent results shall be maintained under strict security and treated as confidential records.
    - 2. Access to the records shall be restricted to Human Resources staff, the KDOC Director of Human Resources or designee, the appointing authority, the Secretary of Administration or designee, the Director, the employee's supervisor, the Department's legal counsel, or the Department of Administration's legal counsel.
      - a. No further access to the records may be authorized without the express consent of the Director of the Department of Administration's Division of Personnel Services.
      - b. Test results may be disclosed publicly in Civil Service Board Hearings regarding disciplinary action taken against an employee as a result of a second positive result or as a result of actions taken while illegally under the influence of a controlled substance.
- IX. This IMPP shall serve as final policy and no facility general orders shall be allowed on this subject.**

**NOTE:** The policy and procedures set forth herein are intended to establish directives and guidelines for staff and offenders and those entities that are contractually bound to adhere to them. They are not intended to establish State created liberty interests for employees or offenders, or an independent duty owed by the Department of Corrections to employees, offenders, or third parties. Similarly, those references to the standards of various accrediting entities as may be contained within this document are included solely to manifest the commonality of purpose and direction as shared by the content of the document and the content of the referenced standards. Any such references within this document neither imply accredited status by a Departmental facility or organizational unit, nor indicate compliance with the standards so cited. The policy and procedures contained within this document are intended to be compliant with all applicable statutes and/or regulatory requirements of the Federal Government and the state of Kansas. This policy and procedure is not intended to establish or create new constitutional rights or to enlarge or expand upon existing constitutional rights or duties.

#### **REPORTS REQUIRED**

None.

#### **REFERENCES**

K.S.A. 2011 Supp. 21-5914, K.S.A. 75-2940, 75-2949, 1998 Supp. 75-4362  
K.A.R. 1-6-2, 1-6-7, 1-6-31, 1-6-32, 1-9-19(a), 1-10-6, 1-10-7, 44-2-103  
IMPP 02-109, IMPP 02-127  
State of Kansas Drug Screening Administrative Procedures and Reference Manual  
ACO 2-1C-20  
ACI 3-4061  
APPFS 3-3060



**ATTACHMENTS**

Attachment A - Consent and Acknowledgement Form, 1 page  
Attachment B - Acknowledgement of Demand Form, 1 page  
Attachment C - Affirmation of Policy Form, 1 page  
Attachment D - Release of Information Form, 1 page  
Attachment E - Access to Records Form, 1 page  
Attachment F - Drug Screening Program Appointment Notice Letter, 1 page  
Attachment G - Notice to Candidate of Negative Result, 1 page  
Attachment H - Notice to Candidate of Positive Result, 1 page  
Attachment I - Notice to Employee of Negative Result, 1 page  
Attachment J - Notice to Employee of Positive Result, 1 page  
Attachment K - State of Kansas Collection Site Passport, 1 page  
Attachment L - Drug Program Flow Chart I, 1 page  
Attachment M - Drug/Alcohol Program Flow Chart II, 1 page

**COLLECTOR INSTRUCTIONS:**

Account Number

6	2	0	3					
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1. Use Labcorp supplied 5-ply, DOT-regulated chain of Custody form with account number 6203\_\_\_\_\_.
2. Complete the blank spaces of the account number on the Chain of custody form with the 5-digit agency code.

**State of Kansas  
DRUG SCREENING PROGRAM**

**CONSENT AND ACKNOWLEDGMENT FORM**

As a candidate for a designated position, or an employee in a designated or correctional facility position with the State of Kansas, I hereby consent to and acknowledge that I am scheduled to undergo a drug screen test. The drug screen test will involve an analysis of a urine sample which I will provide at a designated collection site. The purpose of the screen will be to test for the presence of the following substances: marijuana, cocaine, PCP, opiates and amphetamines. I acknowledge that the drug screen test result will be made available to the Director of the Division of Personnel Services, Department of Administration, and to the agency to which I have applied for employment or where I am currently employed by the State. As a candidate, I am aware that my conditional offer of employment in a designated position will be rescinded should I receive a confirmed positive test result or the equivalent, or fail to report to the collection site as scheduled. As an employee with permanent status, I am aware that if I refuse to undergo treatment, or if I have received a previous positive test result or the equivalent, I may be subject to disciplinary action in accordance with Civil Service Guidelines. I will present a copy of this form to the Collection Site when I report for my scheduled drug screen test.

**Please Check One:** Candidate\_\_\_\_ Employee\_\_\_\_

Name: \_\_\_\_\_

Soc.Sec.No.: \_\_\_\_\_

Position No.: \_\_\_\_\_

Agency Name: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Candidate or Employee)

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Signature of Supervisor or Agency Representative)

\_\_\_\_\_  
Date

**KANSAS DEPARTMENT OF CORRECTIONS  
ACKNOWLEDGMENT OF DEMAND FOR A URINE, BLOOD, SALIVA, OR  
BREATH SPECIMEN FOR ANALYSIS AND/OR LABORATORY TEST  
RESULTS**

**Applicable to: Employees in Non-Designated Positions  
Outside of a Correctional Facility**

It is the policy of the Department of Corrections that under circumstances where there is a reasonable suspicion based on specific objective facts and reasonable inferences drawn from those facts in light of experience that an employee has consumed illegal drugs or alcoholic beverages, the appointing authority or the appointing authority's designee may demand that the employee, produce a urine, blood, saliva, or breath specimen for chemical analysis. In some instances independent laboratory tests may be required following an initial positive test result. The demand for such a sample or test is a direct order from the appointing authority to the employee in a non-designated position. In the event the employee refuses to produce the same pursuant to the demand of the appointing authority or appointing authority's designee, the employee shall be considered as having refused a direct order. In that event, the employee shall be denied access to or removed from the Department premises and shall be subject to disciplinary action for refusal to obey a direct order.

I hereby acknowledge that I have read and understand the above policy of the Department of Corrections. I hereby

\_\_\_\_\_ Consent          \_\_\_\_\_ Refuse

to provide and/or release the following to the appointing authority or designee:

\_\_\_\_\_ Blood Sample    \_\_\_\_\_ Urine Sample    \_\_\_\_\_ Saliva Sample    \_\_\_\_\_ Breath Sample

\_\_\_\_\_ Results of all Requested Tests.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Appointing Authority or Designee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

**State of Kansas  
DRUG SCREENING PROGRAM**



**AFFIRMATION OF POLICY FORM**

**Statement of Policy**

The State of Kansas is committed to a drug-free workforce to protect the safety of workers and the public. The State administers a drug-screening program with strict policies and procedures in place to ensure its accuracy and integrity.

It is the policy of the State of Kansas that candidates given a conditional offer of employment for a designated position take a drug screen to show they are drug free. In order to protect the safety of workers and the public, no candidate whose test shows illegal drug use will be employed by the State in a designated position.

It is the policy of the State of Kansas that employees in designated or correctional facility positions may be required to take a drug screen to show they are drug-free if there is reasonable suspicion of illegal drug use. The State will give current employees with permanent status an opportunity to rehabilitate and return to their jobs as productive members of the workforce. Current employees who do not rehabilitate or who have a second test which shows illegal drug use may be disciplined in accordance with the Civil Service Act.

It is the policy of the State of Kansas to inform candidates and employees of drug screening programs prior to drug tests being conducted. The state will consider drug screening results and medical information provided by candidates and employees as confidential.

**Affirmation of Policy**

As a candidate for a designated position, or an employee in a designated or correctional facility position, I affirm that I have read and understand the meaning of the above statement of policy regarding the State's Drug Screening Program. As a candidate, I am aware that my offer of employment is conditional upon the results of a drug screen. As an employee in a designated or correctional facility position, I am aware that I may be required to undergo a drug screen based upon reasonable suspicion, that I will be informed prior to the drug screen, and that I may be referred to an education and treatment program depending on the results of the drug screen.

**Please Check One:** Candidate \_\_\_\_ Employee \_\_\_\_

Name: \_\_\_\_\_

Soc. Sec. No.: \_\_\_\_\_ Position No.: \_\_\_\_\_

Agency Name: \_\_\_\_\_ Agency Number: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Candidate or Employee)

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Signature of Supervisor or Agency Representative)

\_\_\_\_\_  
Date

**State of Kansas  
DRUG SCREENING PROGRAM**



**RELEASE OF INFORMATION FORM**

As an employee in a designated position, I understand and acknowledge that I have been referred to the State of Kansas Employee Assistance Program (EAP). I understand that I must contact the EAP counselor within 24 hours and schedule a drug assessment within two days.

I hereby sign this waiver which releases information about the education and treatment program in which I will participate. I authorize the release of any and all information regarding my admittance to an in-patient or outpatient treatment program, the treatment program and process, how the scheduled treatment will affect my work schedule, and other information which may affect my employment responsibilities with the State of Kansas.

I will present a copy of this signed waiver to the EAP counselor as notification that I am a referral from the State of Kansas Drug Screening Program. This form will serve as notice that information must be released to the Director of the Division of Personnel Services, Department of Administration, regarding my admittance and treatment schedule for as long as I am involved in treatment and follow-up care. I understand that if I do not contact the EAP, schedule an assessment, provide information regarding my treatment or complete my scheduled treatment sessions, I may be subject to disciplinary action in accordance with the Civil Service Act.

**Please Check One:**      Candidate \_\_\_\_      Employee \_\_\_\_

Name of Employee: \_\_\_\_\_

Agency Number and Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Position No.: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Employee)

\_\_\_\_\_  
Date

**State of Kansas  
DRUG SCREENING PROGRAM**



**ACCESS TO RECORDS FORM**

As a candidate or employee in a designated position, I request access to all records relative to my drug screening test. I understand that my complete records, including medical review, screening information and test results will be released to the agency where I am employed or where I applied for a designated position, and to the Director of the Division of Personnel Services, Department of Administration. I understand that by requesting access to these records, I hereby release both the agency appointing authority and the Division of Personnel Services from any and all liability regarding the confidentiality of these records.

Name of Candidate or Employee: \_\_\_\_\_

Agency Number and Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Candidate or Employee)

\_\_\_\_\_  
Date

**SAMPLE**

To:

From:

Date:

Subject: Drug Screening Program Appointment Notice

The conditional offer of employment as a \_\_\_\_\_ is contingent upon your taking and passing a drug screen.

You have been scheduled for a drug screen at the collection site on the date and time listed below:

Name of Collection site:

Location:

Date:

Time:

You will be responsible for your own transportation to the collection site. Present a copy of your signed State of Kansas Consent and Acknowledgment Form and photo identification to collection site personnel.

You will be responsible for reporting to the collection site at the scheduled time. Failure to report to the collection site at the scheduled time will be considered a refusal to take the drug screen and the offer of employment will be rescinded immediately. You will be notified of the results by our office.

Agency Representative: \_\_\_\_\_

**STATE OF KANSAS  
DRUG SCREENING PROGRAM**

**Notice to Candidate of Result**

Date of Notice: \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

Name of Candidate: \_\_\_\_\_

Soc. Sec. Number: \_\_\_\_\_

Position Number: \_\_\_\_\_

The result of the drug screen conducted on the specimen you provided on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, was "**NEGATIVE**". Illegal drugs or their metabolites were not identified in your specimen by the drug screen.

The conditional offer of employment is hereby approved.

Agency Representative: \_\_\_\_\_



State of Kansas  
**DRUG SCREENING Program**

**Notice to Candidate of Result**

Date of Notice: \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

Name of Candidate: \_\_\_\_\_

Soc. Sec. Number: \_\_\_\_\_

Position Number: \_\_\_\_\_

The result of the drug screen conducted on the specimen you provided on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, was a confirmed "**POSITIVE**". Illegal drugs or their metabolites were identified in your specimen by the drug screen and confirmation test. The result was confirmed by the Drug Screening Program Medical Review Officer.

The conditional offer of employment made on \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, is hereby rescinded in accordance with K.S.A. 75-4362.

Agency Representative: \_\_\_\_\_

**State of Kansas  
DRUG SCREENING PROGRAM**

**Notice to Employee of Result**

Date of Notice: \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

Name of Candidate: \_\_\_\_\_

Soc. Sec. Number: \_\_\_\_\_

Position Number: \_\_\_\_\_

The result of the drug screen conducted on the specimen you provided on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, was "**NEGATIVE**". Illegal drugs or their metabolites were not identified in your specimen by the drug screen. A LIFEline Employee Assistance Program referral is not required under the provisions of the Drug Screening Program.

Agency Representative: \_\_\_\_\_

**State of Kansas  
DRUG SCREEN PROGRAM**

**Notice to Employee of Result**

Name of Candidate: \_\_\_\_\_

Soc. Sec. Number: \_\_\_\_\_

Position Number: \_\_\_\_\_

The result of the drug screen conducted on the specimen you provided on the \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, was a confirmed **"POSITIVE"**. Illegal drugs or their metabolites were identified in your specimen by the drug screen and confirmation test. The result was confirmed by the Drug Screening Program Medical Review Officer.

A referral for recommended education or treatment is required in accordance with K.S.A. 75-4362. You must contact the LIFEline Employee Assistance Program at 1-800-284-7575 by the \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ for the referral. You will be required to provide verification of your participation and successful completion of the recommended program to retain employment in a designated position.

Agency Representative: \_\_\_\_\_

# State of Kansas

## Collection Site Passport

NON - DOT

Donor Name: \_\_\_\_\_

Donor Social Security #: \_\_\_\_\_

Account #      6203 \_\_\_\_\_

### **COLLECTION SITE INFORMATION:**

**Collection site:** \_\_\_\_\_

**Address** \_\_\_\_\_

\_\_\_\_\_

**Phone #** \_\_\_\_\_

**Appt. Date & Time:** \_\_\_\_\_

### **INSTRUCTIONS TO CLINIC REPRESENTATIVE**

### **DO NOT TURN THIS DONOR AWAY!**

You have been set up as a collection site for the above referenced customer. Please collect this donor's drug screen sample using the previously shipped, customer specific Chain of Custody forms and the previously faxed procedures and protocol.

- **FAX copy of chain to: Attn Spud Kent @ 785-296-6918**

### **DO NOT BILL THE DONOR OR THE CUSTOMER**

You will be paid by University Services. These arrangements have been discussed at the time of the customer set-up with your facility. Should you have any questions, please Colleen Ward @ (800)624-3784

***Labcorp Laboratory***

1904 Alexander Drive  
Research Triangle Park, NC 27709  
800.800.4522

## REASONABLE SUSPICION DRUG TESTING FOR PERSONS IN DESIGNATED AND SAFETY SENSITIVE POSITIONS

